LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

September 26, 2014

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W
Director of Mental Health

Philip L. Browning
Director of Children and Family Services

SUBJECT: **RESPONSE TO MOTION REGARDING PSYCHOTROPIC MEDICATION FOR FOSTER YOUTH (ITEM NO. 20-A, AGENDA OF AUGUST 26, 2014)**

On August 26, 2014, pursuant to a Motion by Supervisor Michael D. Antonovich, your Board directed the Department of Mental Health (DMH) and the Department of Children and Family Services (DCFS) to respond to several issues regarding the prescribing of psychotropic medication for foster youth. More specifically, the Motion instructed the Departments to report back to your Board in 30 days on:

- The use of psychotropic medication for youth in the Los Angeles County foster care system, including statistics on distribution over the past five years and current efforts to minimize the prescription of medication through skilled diagnosis and therapeutic treatments; and

- The role of Dependency Court and its judges in approving the use of such medications for children in their care.

This report will provide you with the information requested in your Motion.

Use of Psychotropic Medications for Youth in the Los Angeles County Foster Care System

The Los Angeles County foster care system is one of the largest in the world. DCFS has responsibility for supervision of approximately 36,000 youth. Of this number, the approximately 20,000 youth who are in out-of-home placements face many challenges. Youth in foster placements generally have experienced higher rates of traumatic events, have more disrupted attachments, and have higher rates of psychiatric disorders than their peers. Psychotropic medication(s), particularly when preceded by or used

concurrently with evidence-based psychotherapeutic interventions, can be useful treatments for some of these youth. However, ensuring appropriate prescribing of these medications is extremely important.

In order to ensure appropriate prescribing of psychotropic medications for foster youth, in 1985, DMH, in collaboration with the Juvenile Court, DCFS, and the Probation Department, created Juvenile Court Mental Health Services (JCMHS). JCMHS, a multidisciplinary team based at the Edmund D. Edelman Children's Court, provides consultation to the dependency courts, including the review of over 10,000 psychiatric medication authorization (PMA) requests annually.

Role of Dependency Court and Its Judges Regarding the Approval of Psychotropic Medications for Court Supervised Youth

Welfare and Institution Codes 369.5 and 739.5 establishes the role of the Juvenile Court in authorizing consent for the administration of psychotropic medication to court-supervised Dependent and Delinquent youth respectively. The code sections require that a physician seeks authority from the Juvenile Court or legal guardian, when appropriate, to prescribe and administer psychotropic medications to the youth. Such authorization may not be granted by the youth's foster parents, relatives, group home providers, Children's Social Workers or attorneys, unless they are the youth's legal guardian. In the event of an emergency (such as a youth's involuntary admission to an acute psychiatric facility), a physician may prescribe and administer psychotropic medication, however, the physician must document the nature of the emergency. Continued administration of the medication requires court authorization. The current process for monitoring the administration of psychotropic medication is to ensure that medications are given to foster children within guidelines developed by the Department of Mental Health; and to prevent the abuse and overuse of these medications by our most vulnerable youth. Please refer to the Court Authorization of Psychotropic Medication memo, dated December 8, 2005, attached to this report.

Under the current process, physicians submit their written request to prescribe and administer psychotropic medications by fax to the DCFS Psychotropic Medication Authorization (PMA) Unit. From there, PMA requests are sent to the Juvenile Court, where they are reviewed by medical staff at Juvenile Court Mental Health Services (JCMHS). JCMHS clinicians (Clinical Pharmacist or Child Psychiatrist) review the PMA requests and develop a written recommendation to the Court as to the propriety of the proposed medication. If, in the clinical opinion of JCHMS staff, the validity or accuracy of information reported by the prescribing physician on the PMA request is not reliable, JCHMS staff may contact the prescribing physician to seek further information prior to

rendering their recommendation to the court. In some instances, JCHMS staff may also perform a clinical assessment of the youth themselves.

JCMHS staff generally issue one of three recommendations to the court in response to a PMA request:

1. Approval for six months;
2. Approval for 45 days or less; or
3. Approval not recommended.

JCMHS staff recommends approval for 45 days or less when they deem the proposed medication either unsafe for long-term use or not clearly effective; or when JCMHS staff find the information included in the PMA request inadequate. Accordingly, approval for 45 days may be given with the expectation that the regimen will change. JCMHS staff determinations of unsafe long-term use, unclear effectiveness or recommendations against approval are based upon best practice prescribing guidelines available at http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_practice; and by incorporating limits on the number and combination of psychotropic medications based on the youth's age, dosage and class of medication(s).

The Judicial Officer in receipt of the JCMHS recommendation approves, denies or modifies the requested PMA. Once the court order is signed, it is distributed to JCMHS, the child's attorney, physician, Children's Social Worker, Public Health Nurse and caregiver. If the court orders approval of a new medication, the court may also require DCFS to inform the court in 45 days about the youth's progress while on the medication. If the court denies the PMA, the Children's Social Worker must verify that the physician has discontinued the medication in accordance with proper medical practice. Upon expiration of a previously-authorized PMA, the youth may continue taking the medication while a request to continue the medication is being processed. Similarly, if a youth enters court supervision while on psychotropic medication, the youth may continue taking the medication, pending an order by the court approving the medications. Even with an approved PMA, the youth retains the right to refuse the medication.

The Presiding Judge of the Los Angeles County Juvenile Court has expressed concern with the burden placed upon the court to evaluate PMA requests based solely on the information provided by the physician and reviewed by JCMHS. As a result of these concerns, the Presiding Judge is requesting that, prior to court approval, social workers; probation officers; attorneys who represent children and youth in the delinquency and dependency systems; and Court Appointed Special Advocates (CASAs) review all proposed PMA requests submitted to the court. These reviews are to result in input to the court regarding the breadth, scope and accuracy of information that prescribing

physicians have submitted regarding the youth's history; symptoms; current and former medications; other therapeutic services offered to the youth; and to comment on whether the information about the medication(s) has been explained, in an age-appropriate manner, to the youth and caregiver. With additional information regarding the youth from others who know the youth, the court is attempting to assure that the professionals around the youth are fully-engaged in supporting the youth's therapeutic and medication needs, in support of the court's greater confidence in the process of determining whether or not a youth could really benefit from the proposed medication.

DCFS maintains data on the number and percentage of children and youth under DCFS supervision who are prescribed psychotropic medications each year. On average, approximately 9.7% of youth under DCFS supervision are receiving medications for behavioral health concerns. Statistics for the past five years are contained in the table below.

DCFS YOUTH ON PSYCHOTROPIC MEDICATION(S) AT THE END OF EACH CALENDAR YEAR (EXCEPT 2014)			
	Total		
Report Year	On Psychotropic Med.	All Children	%
Dec. 2009	3,543	32,317	11.0%
Dec. 2010	3,118	33,795	9.2%
Dec. 2011	3,401	34,987	9.7%
Dec. 2012	3,419	35,195	9.7%
Dec. 2013	3,447	36,870	9.3%
Jun. 2014	3,362	36,542	9.2%
Avg.	**3,368**	**34,951**	**9.7%**

Efforts to Minimize Prescription of Medication Through Skilled Diagnosis and Therapeutic Treatments

DMH has taken a number of actions to minimize the prescription of medications when they are not appropriate and to ensure skilled diagnosis and treatment. These actions include:

- Introduction of "Parameters for Juvenile Court Mental Health Services' Review of Psychotropic Medication Authorization Form For Youth in State Custody" (Parameters).
- Automatic referral to JCMHS staff for any medication requests that do not comply with the Parameters.

- A full assessment of the proposed medication regimen's appropriateness by a child/adolescent psychiatrist. This assessment includes review of records, contacts with treatment providers/foster parents, and an in-person evaluation of the child at home, school or both.
- Recommendations to the Court, including those for non-pharmacological interventions and specific medication recommendations.

In addition, DMH and DCFS have several initiatives in process to ensure medications are used only as appropriate. These initiatives include:

- Enhanced information sharing with DCFS, Department of Health Services, and the dependency court that will increase the speed and depth of information regarding a youth's status and allow analysis of prescribing patterns.
- Granting JCMHS staff access to child welfare and health services information in order to obtain a more complete prescribing history.
- Developing specified levels of practitioner training, experience and qualifications.
- Implementing a quarterly joint DMH-DCFS Psychotropic Medication Meeting to discuss problematic cases and providers with problematic prescribing patterns.

Furthermore, in an attempt to continue improving and refining the prevention of foster youth overmedication, DCFS has applied for State approval to develop an automated process for electronic submissions of psychotropic medication authorization requests from physicians; and electronic processing of the requests by DCFS, Probation and the Court. This process is expected to enhance the review and approval of medications.

DCFS is also seeking permission from the State Department of Health Care Services (DHCS) to allow access to a youth's history of psychotropic medication use; as well as, other health information (such as history of allergies or adverse reactions to medications). This matching of records is critical to the appropriate and thoughtful prescribing of psychotropic medications.

In support of more well-informed recommendations to the court regarding proposed psychotropic medication regiments, DCFS has sought State permission to allow DMH staff, co-located at the Juvenile Courts, to access the State's Child Welfare Services/Case Management System (CWS/CMS) database, which contains a youth's medical history. Once approval is secured, DCFS is prepared to set up CWS/CMS access to DMH and to provide CWS/CMS training to the DMH Juvenile Court Mental Health Services staff.

Additionally, the DCFS Director recently approached the Director of the California Department of Social Services (CDSS) Will Lightbourne, expressing interest in supporting a State proposal to the Federal Administration of Children and Families that

would provide funding to establish ongoing data-sharing between CDSS and the State DHCS. Such data-sharing will match Medi-Cal claims submitted for psychotropic medications for children under Los Angeles County supervision; track the medications being administered to them; and identify physicians who are seeking Court authorization when they prescribe psychotropic medications to Los Angeles County foster children.

Finally, the State has responded to concerns regarding the overmedication of foster youth nationwide by requiring an additional level of approval known as a Treatment Authorization Request (TAR). A TAR is to be provided by any prescriber of an antipsychotic medication to a youth under 18 years old. This change, due to go into effect on October 1, 2014, has been enacted under Code 1 of the Health Care Services Manual and will be released as a future Medi-Cal Update. The change will not affect the DCFS/Probation/DMH/Juvenile Court processes for evaluating the appropriateness of psychotropic medication for court supervised youth directly, but it will compel physicians to complete additional documentation to be reviewed by Medi-Cal before the prescriptions for antipsychotic medications can be filled at the pharmacy, ultimately making it more difficult to prescribe antipsychotic medications to youth who have behaviors that do not sufficiently meet the defined standard for the administration of these medications.

Should you wish to discuss this plan, you may contact either one of us, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, DMH, at (213) 738-4108, or Fesia Davenport, Chief Deputy Director, DCFS, at (213) 351-5607.

MJS:PB:RK:tld

Attachment

c: Executive Officer, Board of Supervisor
Chief Executive Officer
County Counsel
Department of Children and Family Services
Department of Health Services

JUVENILE DIVISION
The Superior Court
201 CENTRE PLAZA DRIVE, SUITE 3
MONTEREY PARK, CALIFORNIA 91754-2158

TELEPHONE
(323) 526-6377

December 8, 2005

TO: Physicians Treating Children under Juvenile Court Jurisdiction
Juvenile Court Judicial Officers
Department of Children and Family Services
Probation Department
Department of Mental Health
Juvenile Court Mental Health Services
Juvenile Court Health Services
Dependency Court Clerk's Office
Delinquency Court Clerk's Office
Children's Law Center of Los Angeles
Office of the County Counsel
Juvenile Courts Bar Association
Office of the Public Defender
Office of the Alternate Public Defender
Delinquency Court Panel Attorneys
Office of the District Attorney

FROM: Michael Nash, Presiding Judge, Juvenile Court
Margaret Henry, Supervising Judge, Dependency Court

RE: Court Authorization of Psychotropic Medication

The Los Angeles County Juvenile Court recently revised its protocol for court authorization of psychotropic medication for juvenile dependents and wards. **The new Psychotropic Medication Protocol ("Protocol) and Psychotropic Medication Authorization Form ("Form") become effective January 17, 2006.**

Originally created in 1997, the Psychotropic Medication Committee reconvened in early 2005 to revise the September 4, 2001 protocol. Some of the Committee's goals were to develop consistent procedures for the dependency and delinquency courts, to better track psychotropic authorization requests that are received by the court, to simplify the procedure for prescribing physicians, and to establish a procedure that will comply with statutory mandates and afford greater due process to litigants.

Some of the important changes to the Form and Protocol include:

- **Additional Page in Form** – The Form now contains three (3) pages, the third of which is for documentation of notice to the parties and Juvenile Court Mental Health Services and the court order. The physician need only submit the first two pages of the Form.

- **Revised Psychotropic Medication Authorization Form** – The revised Form seeks additional information including when the physician last saw the child; who provided information regarding the child; and current therapeutic services being provided other than medication.

- **Submission of Form** – If a child is in the dependency court system, the physician should fax the form to the Department of Children and Family Services (DCFS) D-Rate Unit at (562) 941-7205. If a child is in the delinquency court system, the physician should fax the form to the Probation Department Placement Unit at (323) 441-1110 or 441-1120. The respective agency will send notice of the Form to the child's parent or legal guardian, as well as to the case carrying social worker or deputy probation officer and the court.

- **Notice to Parent/Legal Guardian** – The parent or legal guardian will have two days from the date that the person received notice of the Form to submit an opposition to the prescription of psychotropic medication for his or her child.

- **Court Determination Process** – The court must rule on the psychotropic authorization request within seven (7) days from the date the court received the Form from DCFS or the Probation Department.

- **Right to Refuse** – Where a child is not detained in a juvenile detention facility and is refusing to take psychotropic medication, it is the policy of the court that the refusal constitutes a treatment issue and should be dealt with by the treating physician and caregiver.

- **Cross-over of Cases with the Mental Health Court** – The Juvenile Court has authority to approve psychotropic medication in certain situations as detailed on page 7 of the Protocol.

Attached to this memorandum are the following documents:

(1) Psychotropic Medication Protocol
(2) Psychotropic Medication Authorization Form
(3) Dependency Court Time Line
(4) Delinquency Court Time Line
(5) Dependency Court Parent Notice Letter (including Spanish version)
(6) Dependency Court Parent Notice – Antelope Valley cases (including Spanish version)
(7) Delinquency Court Parent Notice Letter (including Spanish version)
(8) Opposition Form (including Spanish version)

JUVENILE DIVISION
The Superior Court
201 CENTRE PLAZA DRIVE, SUITE 3
MONTEREY PARK, CALIFORNIA 91754-2158

TELEPHONE
(323) 526-6377

December 8, 2005

TO: Physicians Treating Children under Juvenile Court Jurisdiction
Juvenile Court Judicial Officers
Department of Children and Family Services
Probation Department
Department of Mental Health
Juvenile Court Mental Health Services
Juvenile Court Health Services
Dependency Court Clerk's Office
Delinquency Court Clerk's Office
Children's Law Center of Los Angeles
Office of the County Counsel
Juvenile Courts Bar Association
Office of the Public Defender
Office of the Alternate Public Defender
Delinquency Court Panel Attorneys
Office of the District Attorney

FROM: Michael Nash, Presiding Judge, Juvenile Court
Margaret Henry, Supervising Judge, Dependency Court

SUBJECT: Psychotropic Medication Protocol

THIS MEMORANDUM SUPERSEDES ALL PREVIOUS STATEMENTS REGARDING THE JUVENILE COURT PSYCHOTROPIC MEDICATION AUTHORIZATION PROTOCOL INCLUDING THE PROTOCOL DATED SEPTEMBER 4, 2001.

Below are the procedures for obtaining court authorization for prescribing and administering psychotropic medications to children under Dependency or Delinquency Court jurisdiction. This policy applies to both emergency and non-emergency situations.

This protocol does not include medications prescribed expressly to treat seizures or enuresis. Psychotropic medications must be utilized only for therapeutic purposes.

I. Definition of Psychotropic Medication

Psychotropic medication or drugs are those that are administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants. Welfare & Institutions Code ("WIC") §369.5(d).

II. The Process

A. Psychotropic Medication Authorization Form

An application for the prescription and administration of psychotropic medication for a child under Juvenile Court jurisdiction shall be made through the use of the "Psychotropic Medication Authorization Form" (Form, copy attached).

B. Parental Consent

1. Dependency Court

If a child is a dependent of the Juvenile Court pursuant to WIC §300 and the child was removed from the custody of his or her parent pursuant to WIC §361, the prescribing physician must obtain authority from the Juvenile Court, or legal guardian where appropriate, regarding the prescription and administration of psychotropic medications for the child. The Juvenile Court may authorize a parent to consent to or deny the request to prescribe and administer such medications. However, in doing so, the Court must find on the record that (a) the parent poses no danger to the child, and (b) the parent has the capacity to consent to the psychotropic medication for the child. (WIC §369.5)

If a parent or legal guardian with legal custody or a parent or legal guardian who has been authorized to consent to the prescription of psychotropic medication refuses to consent, is incapable of consenting, or is unavailable to consent to the prescription of psychotropic medication to his or her child, the physician may request authorization from the Juvenile Court by completing the Form and noting the refusal, unavailability or inability of the parent or legal guardian to consent on page 2, C.6 of the Form. Absent an emergency, a physician may not prescribe and administer psychotropic medications to a child under court jurisdiction without court authorization or consent of the child's parent or legal guardian. (See section II D below.) Foster parents, relatives, group home caregivers, children's social workers (CSW), and attorneys may not sign consent forms or initiate or modify treatment unless they are the child's legal guardian. When a Form is submitted, the Court may approve the medication request. (See WIC §369).

2. Delinquency Court

If a child is a ward of the Juvenile Court pursuant to WIC §602, the parent or legal guardian retains the right to authorize the prescription and administration of psychotropic medication unless the Juvenile Court has restricted such right.

If a parent or legal guardian who retains the right to consent to the prescription and administration of psychotropic medication refuses to consent, is unavailable to consent, or is incapable of consenting to the prescription of psychotropic medication to his or her child, the physician may request authorization from the Court by completing the Form and noting the refusal, unavailability or inability of the parent or legal guardian to consent on page 2, C.6 of the Form. Before a Form is submitted, the physician shall attempt to obtain consent from the parent or legal guardian who has retained the right to consent to the psychotropic medication. Foster parents, relatives, group home caregivers, deputy probation officers (DPO), and attorneys may not sign consent forms or initiate or modify treatment unless they are the child's legal guardian. When a Form is submitted, the Court may approve the medication request. (See WIC §739).

C. Completing the Psychotropic Medication Authorization Form

The Psychotropic Medication Authorization Form has been revised as of October 24, 2005. All portions of the Form must be completed in full and be legible. Failure to provide all requested information or submission of an illegible or indecipherable Form will result in delay or denial of the request.

1. Log Number

Each Form shall be given a log number by the Court for tracking purposes.

2. Identifying Information

The "Identifying Information" section of the Form may be completed by a nurse, social worker, probation officer, caregiver, or physician.

3. Clinical Information

The prescribing physician must complete the "Clinical Information" section of the Form. Any clinical information that clarifies the treatment plan may be attached to the Form.

4. Medications

The "Medications" section of the Form must be completed by the prescribing physician. The physician must list <u>all prescribed medications</u> the child currently takes and will take if the request is granted, whether or not prescribed by the requesting physician. The physician is encouraged to indicate the range of dosages to be authorized. If the physician does not indicate a range of dosages, a new Form will be required for each change in the dosage schedule.

5. Explanation to Child

The prescribing physician must explain to the child, in age-appropriate terms: (a) the recommended course of treatment, (b) the basis for the treatment, and (c) the possible results of taking the medication, including possible side effects.

6. Submission of Form

In dependency matter, the prescribing physician must fax the Form to the Department of Children and Family Services (DCFS) D-Rate Unit at (562) 941-7205. In Delinquency matters, the Form must be faxed to the Probation Department Placement Unit at (323) 441-1110 or 441-1120. Once the Probation Department or DCFS receives the Form from the physician, the respective agency shall provide notice of the psychotropic medication request to the child's parent or legal guardian, and send copies of the Form to the case carrying DPO or CSW and Juvenile Court. (See attached "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines.)

The prescribing physician must accept telephone inquiries from the judicial officer, child's attorney, Court Appointed Special Advocate, or Juvenile Court Mental Health Services (JCMHS) personnel regarding the pending request for prescription and administration of psychotropic medication. The prescribing physician must include a telephone number on the Form where he or she can be reached personally and quickly, if necessary. To confirm receipt of the faxed Form, the physician may contact the DCFS D-Rate Unit at (562) 903-5335 or (562) 903-5336, or the Probation Placement Unit at (323) 226-8769 or (323) 226-8404.

7. Court Order

The "Order" section on page 3 of the Form shall be completed by the Juvenile Court judicial officer.

D. Emergency Administration of Psychotropic Medication

Psychotropic medications shall not be prescribed and administered to a child prior to court authorization or parental or legal guardian consent except in emergency situations. (However, any current psychotropic medication treatment can continue pending approval of a submitted Form.)

1. Definition of Emergency

For purposes of this protocol, an emergency situation is defined as follows:

(A) When a physician finds that the child requires psychotropic medication,
(B) Due to a mental disorder,
(C) Where the purpose of the medication is to:
  (i) Protect the life of the child or others,
  (ii) Prevent serious harm to the child or others, or
  (iii) To treat current or imminent substantial suffering, and
(D) It is impracticable to obtain consent.

It is not necessary for the harm to actually take place or become unavoidable.

2. Documentation of Emergency by Physician

When a child is given psychotropic medication in an emergency situation, the physician requesting authorization must document on the form the basis for the emergency.

3. Prescription and Administration of Psychotropic Medication Pending Authorization by the Court

Upon submission of the Form to the appropriate agency delineating the emergency, the physician may proceed to prescribe and administer the psychotropic medication.

In both dependency and delinquency cases, if the Court denies the emergency request, the psychotropic desk clerk will provide notice of the denial. When a physician receives notice of a denial, the physician must immediately discontinue the psychotropic medication in accordance with proper medical practice. If the physician disagrees with the court decision, the physician can: (1) call JCMHS for assistance, or (2) submit a new Form with more information (and indicate that it is a new submission). Once the CSW or DPO receives notice of the denial, the CSW or DPO is to verify that the physician has discontinued the medication or submitted a new Form. The CSW or DPO should immediately notify the Court if the order is not being followed.

4. Emergency Administration of Psychotropic Medication While Non-Emergency Request is Pending

If an emergency arises while a non-emergency request is pending, the physician may begin treatment immediately and submit a new Form documenting the emergency. Upon submission of the Form to the appropriate agency delineating the emergency, the physician may proceed to prescribe and administer the psychotropic medication.

E. Psychotropic Desk Clerk

The duties of the dependency and delinquency psychotropic desk clerks are delineated in the "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines. (See attached time lines.)

F. Notice Requirement

The notice procedure for parents or legal guardians, children's attorney, CSWs, and DPOs are delineated in the "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines. (See attached time lines.)

G. Juvenile Court Mental Health Services

JCMHS staff will (1) review the Form, (2) recommend to the Juvenile Court whether to grant, modify, deny, or seek more information, and (3) send the recommendation back to the psychotropic desk clerk at the appropriate location.

1. Processing of Form After Receipt of JCMHS Recommendation

When the JCMHS recommendation is returned, the psychotropic desk clerk will process it consistent with the "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines. (See attached time lines.)

H. Court Determination Process

The judicial officer may grant, deny, or modify the request, or set the matter for a hearing. The prescription and administration of psychotropic medication is authorized when approved and signed by the Court.

In Dependency Court, after the Court has ruled on the Form, the psychotropic desk clerk will send copies of the Form to the JCMHS, child's attorney, physician, and DCFS D-Rate Unit. The DCFS D-Rate Unit will send copies of the Form to the assigned CSW and caregiver.

In Delinquency Court, after the Court has ruled on the Form, the psychotropic desk clerk will send copies of the Form to the JCMHS, child's attorney, physician, and Probation Placement Unit. The Probation Placement Unit will send copies of the Form to the assigned DPO and caregiver.

When a physician is notified that a request has been denied, the physician can: (1) call the JCMHS for assistance, (2) submit a new Form with more information (and indicate that it is a new submission), or (3) discontinue the medication in accordance with proper medical practice. Once the CSW or DPO receives notice of the denial, the CSW or DPO is to verify that the physician has discontinued the medication or submitted a new Form. The CSW or DPO should immediately notify the Court if the order is not being followed.

III. Continued Treatment

An order authorizing psychotropic medication for a child is valid for six months unless otherwise ordered by the Juvenile Court. A physician must complete a new Form to continue the medication when the authorization expires after six months or after the time otherwise ordered by the Court. However, a physician can continue medication while the renewal request is pending before the Court. In situations where a child who enters the juvenile court system is being treated with psychotropic medication, the physician may continue the medication pending an order from the Court. A new authorization is not required when a child changes facilities or physicians as long as the medication, strength and dosage range remain the same as previously authorized and as long as the authorization paperwork and medication follow the child.

IV. Child's Right to Refuse

A child in a juvenile detention facility may refuse psychotropic medication even where there is court authorization, unless: (1) the child is a danger to himself or herself or others due to a mental disorder, and (2) it is immediately necessary to prevent serious bodily harm or death.

In other situations, the refusal by a child to take psychotropic medication authorized by the Court constitutes a treatment issue and should be dealt with by the treating physician and caregiver.

V. Authorization and Administration of Psychotropic Medication for Children Under Juvenile Court Jurisdiction Who Are Involved in the Mental Health Court Proceedings

The Juvenile Court retains the authority to authorize psychotropic medication for children in the following circumstances: (1) children under Juvenile Court jurisdiction who are involuntarily detained under the Lanterman-Petris-Short (LPS) Act, (2) children under orders for suitable placement and voluntary hospital commitment, and (3) children committed to the State Department of Developmental Services by the Mental Health Court. However, the Mental Health Court shall have exclusive power to determine issues of consent to medication in all cases in which a permanent LPS conservatorship has been established.

PSYCHOTROPIC MEDICATION AUTHORIZATION PROCESS
DEPENDENCY COURT

Time Line	Physician/Agency/Court Responsibilities	Comments
Physician Day 1	Caregiver seeks medical evaluation of minor. Physician recommends psychotropic medication.	Medication may not be prescribed prior to court or parental authorization, absent an emergency. (See Psychotropic Medication Protocol.)
	Physician/Caregiver fills out "Psychotropic Medication Authorization Form" ("Form").	Physician must complete the "Clinical Information" and "Medications" sections.
	Physician faxes pages 1 and 2 of Form to DCFS D-Rate Unit.	DCFS D-Rate Unit fax – (562) 941-7205
DCFS D-Rate Unit Day 1	DCFS D-Rate Unit sends: • Cover letter and Opposition Form to child's parent or legal guardian; • Form to assigned CSW; and • Form to Dependency Psychotropic Desk Clerk. DCFS will attach page 3 of Form and indicate that notice has been sent to child's parent or legal guardian.	DCFS will include cover letter with "Opposition" form instructing parent or legal guardian to send Opposition form to Psychotropic Desk Clerk, except for Antelope Valley (Dept. 426) cases where Opposition form should be directly sent to that courtroom. Dependency Psychotropic Desk Clerk fax – (323) 260-5082
Court Day 1 to 2	Psychotropic Desk Clerk duties: • Receives Form and issues log number, if complete; • Enters Form in computer and retrieves file (if not in courtroom); • Gives copy of Form (with Objection form) to child's attorney; and • Places Form in Juvenile Court Mental Health Services (JCMHS) mail box.	Notice to private attorneys may take longer because address will have to be provided by courtroom personnel. Incomplete or illegible Forms will be rejected and returned to physician. Psychotropic Desk Clerk will notify DCFS D-Rate Unit of rejected Forms.
Court Day 2 to 4	JCMHS reviews and returns Form with recommendation/comment to Psychotropic Desk Clerk.	
Court Day 2 to 7	Psychotropic Desk Clerk enters the date JCMHS returned Form, and places Form, file (if available) and any objections in courtroom mailbox.	
Court Day 2 to 7	Court approves, modifies, or denies Form.	
Court Day 2 to 7	Judicial Assistant/Courtroom Assistant makes copies of signed Form for distribution and places original in confidential envelope in legal file.	Distribution by JA/CA: • Child's attorney (in mailbox) • Psychotropic Desk Clerk (2 copies)
Court Day 3 to 7	Psychotropic Desk Clerk distributes copy of signed Form and keeps a copy on file for one year.	Distribution by Psychotropic Desk Clerk: • JCMHS (in mailbox) • Physician • DCFS D-Rate Unit
DCFS Day 8	DCFS D-Rate Unit distributes copy of signed Form and enters information into CWS-CMS.	Distribution by DCFS D-Rate Unit: • Caregiver • Assigned CSW

PSYCHOTROPIC MEDICATION AUTHORIZATION PROCESS
DELINQUENCY COURT

Time Line	Physician/Agency/Court Responsibilities	Comments
Physician Day 1	Facility or caregiver seeks medical evaluation of minor. Physician recommends psychotropic medication.	Medication may not be prescribed prior to court/parental authorization, absent an emergency. (See Psychotropic Medication Protocol.)
	Physician or caregiver fills out "Psychotropic Medication Authorization Form" ("Form").	Physician must complete "Clinical Information" and "Medications" sections.
	Physician faxes pages 1 and 2 of Form to Probation Placement Unit.	Probation faxes – (323) 441-1110 or 441-1120.
Probation Day 1 to 2	Probation Placement Unit duties (to be done within same day or next morning upon receipt of Form): ♦ Sends cover letter and Opposition form to child's parent or legal guardian; ♦ Sends copy of Form to child's assigned deputy probation officer; and ♦ Faxes Form to Primary Court Psychotropic clerk. Probation will attach page 3 of Form and indicate that notice has been sent to child's parent or legal guardian.	Primary/Partner courts and fax numbers: Eastlake/Pomona (323) 226-8943 Kenyon/Compton/Inglwd (323) 582-2212 Sylmar/Pasadena (818) 367-5547 Lancaster (661) 949-7227 Los Padrinos/LB (562) 940-3766 Probation will include cover letter and Opposition form instructing parent or legal guardian to send Opposition to courtroom that is hearing child's case.
Court Day 1 to 2	Primary Court Psychotropic (PCP) clerk duties (to be done within same day or next morning upon receipt of Form): ♦ Assigns log number to Form, if complete; ♦ Enters data into psychotropic tracking system; ♦ Sends Form to partner court clerk, if necessary, and to Juvenile Court Mental Health Services (JCMHS).	Incomplete or illegible Forms will be rejected and returned to physician. PCP clerk will notify Probation Placement Unit of rejected Forms. JCMHS – (323) 526-6425 JCMHS fax – (323) 881-4555
Court Day 2 to 3	JCMHS reviews and sends recommendation or comment to appropriate district court (either a primary or partner court location).	
Court Day 3 to 4	PCP or Partner Court clerk duties upon receipt of Form (to be done within same day or next morning): ♦ Logs in Form and JCMHS recommendation; ♦ Gives copy of Form and "Opposition" form to child's attorney; ♦ Retrieves file and places colored dot on file; and ♦ Takes Form, JCMHS recommendation, and file to courtroom hearing matter.	Notice to child's attorneys: Public Defender – place in mail bin. Panel Attorney – place in department mail bin, US mail, or email. Private Attorney – US mail or email. Clerk provides JAI printout if no file is found.
Court Day 5 to 7	Court checks for any opposition and approves, modifies or denies request.	
Court Day 5 to 7	PCP or Partner Court clerk duties after court signs Form (to be done within same day or next morning upon receipt of signed Form): ♦ Retrieves order and file from court; ♦ Enters signed Form in tracking system; ♦ Distributes copies; and ♦ Places original in confidential envelope in court file.	Distribution of signed Form by PCP/Partner clerk: ♦ Child's attorney ♦ JCMHS ♦ Probation Placement Unit ♦ Physician Additional Distribution by Partner Court clerk: ♦ PCP clerk
Probation Day 8	Probation Placement Unit makes and distributes copies of signed Form.	Distribution of signed Form by Probation: ♦ Assigned deputy probation officer ♦ Child's caregiver

Primary Courts: Eastlake, Kenyon, Sylmar, Lancaster, and Los Padrinos.
Partner Courts: Pomona, Compton, Inglewood, Pasadena, and Long Beach.

Revised 8/16/05

JOHN A. CLARKE
EXECUTIVE OFFICER / CLERK

201 CENTRE PLAZA DRIVE – SUITE 3
MONTEREY PARK, CA 91754-2158

Superior Court of California
County of Los Angeles

Dear Parent or Legal Guardian:

A physician is proposing to treat your child with psychotropic medication, which is medication for emotional and/or behavioral problems. The request is being reviewed by the Juvenile Court.

If you object to your child being given this type of medication, please complete the enclosed "Opposition to Application for Order for Psychotropic Medication" form ("Opposition" form) and send it to the Juvenile Court address listed below. Because the Court must act on these requests quickly, you must send the Opposition form within two (2) court days (excluding weekends and holidays) after you receive this notice. Please note that even if you object to your child being prescribed this type of medication, the Juvenile Court may decide to allow the administration of the medication based on all of the information received by the Court.

If you feel that you need more information before you can agree or oppose the request to prescribe this type of medication for your child, state that on the Opposition form and send it to the Juvenile Court address listed below.

Please include any other information you think the Juvenile Court should know about your child.

The Opposition form can be returned to:

Edmund D. Edelman Children's Courthouse
Attention: Psychotropic Desk, Room 2700
201 Centre Plaza Drive
Monterey Park, CA 91754

If you have any further questions regarding the request to administer psychotropic medication for your child, you may contact your attorney or your child's social worker.

JOHN A. CLARKE
EXECUTIVE OFFICER / CLERK

201 CENTRE PLAZA DRIVE – SUITE 3
MONTEREY PARK, CA 91754-2158

Superior Court of California
County of Los Angeles

Dear Parent or Legal Guardian:

A physician is proposing to treat your child with psychotropic medication, which is medication for emotional and/or behavioral problems. The request is being reviewed by the Juvenile Court.

If you object to your child being given this type of medication, please complete the enclosed "Opposition to Application for Order for Psychotropic Medication" form ("Opposition" form) and send it to the Juvenile Court address that is marked below. Because the Court must act on these requests quickly, you must send the Opposition form within two (2) court days (excluding weekends and holidays) after you receive this notice. Please note that even if you object to your child being prescribed this type of medication, the Juvenile Court may decide to allow the administration of the medication based on all of the information received by the Court.

If you feel that you need more information before you can agree or oppose the request to prescribe this type of medication for your child, state that on the Opposition form and send the form to the Juvenile Court that is marked below.

Please include any other information you think the Juvenile Court should know about your child.

The Opposition form can be returned to the address marked below.

- ☐ Dept. 201, 1601 Eastlake Ave., Los Angeles, CA 90033
- ☐ Dept. 202, 1601 Eastlake Ave., Los Angeles, CA 90033
- ☐ Dept. 203, 1601 Eastlake Ave., Los Angeles, CA 90033
- ☐ Dept. 204, 1601 Eastlake Ave., Los Angeles, CA 90033
- ☐ Dept. 205, 1601 Eastlake Ave., Los Angeles, CA 90033
- ☐ Dept. 240, 110 Regent Street, Inglewood, CA 90301
- ☐ Dept. 241, 110 Regent Street, Inglewood, CA 90301
- ☐ Dept. 242, 110 Regent Street, Inglewood, CA 90301
- ☐ Dept. 245, 415 W. Ocean Blvd., Long Beach, CA 90802
- ☐ Dept. 246, 415 W. Ocean Blvd., Long Beach, CA 90802
- ☐ Dept. 250, 7281 E. Quill Dr., Downey, CA 90242
- ☐ Dept. 251, 7281 E. Quill Dr., Downey, CA 90242
- ☐ Dept. 252, 7281 E. Quill Dr., Downey, CA 90242
- ☐ Dept. 260, 200 W. Compton Blvd., Compton, CA 90220
- ☐ Dept. 261, 200 W. Compton Blvd., Compton, CA 90220
- ☐ Dept. 264, 7625 S. Central Ave., Los Angeles, CA 90001
- ☐ Dept. 265, 7625 S. Central Ave., Los Angeles, CA 90001
- ☐ Dept. 270, 300 E. Walnut Ave., Pasadena, CA 91101
- ☐ Dept. 271, 300 E. Walnut Ave., Pasadena, CA 91101
- ☐ Dept. 276, 16350 Filbert Street, Sylmar, CA 91342
- ☐ Dept. 277, 16350 Filbert Street, Sylmar, CA 91342
- ☐ Dept. 278, 16350 Filbert Street, Sylmar, CA 91342
- ☐ Dept. 279, 16350 Filbert Street, Sylmar, CA 91342
- ☐ Dept. 281, 400 Civic Center Plaza, Pomona, CA 91766
- ☐ Dept. 282, 400 Civic Center Plaza, Pomona, CA 91766
- ☐ Dept. 283, 400 Civic Center Plaza, Pomona, CA 91766
- ☐ Dept. 285, 1000 W. Ave. J, Lancaster, CA 93534

If you have any further questions regarding the request to administer psychotropic medication for your child, you may contact your child's probation officer or attorney.

JOHN A. CLARKE
EXECUTIVE OFFICER / CLERK

201 CENTRE PLAZA DRIVE – SUITE 3
MONTEREY PARK, CA 91754-2158

Superior Court of California
County of Los Angeles

Dear Parent or Legal Guardian:

A physician is proposing to treat your child with psychotropic medication, which is medication for emotional and/or behavioral problems. The request is being reviewed by the Juvenile Court.

If you object to your child being given this type of medication, please complete the enclosed "Opposition to Application for Order for Psychotropic Medication" form ("Opposition" form) and send it to the Juvenile Court address listed below. Because the Court must act on these requests quickly, you must send the Opposition form within two (2) court days (excluding weekends and holidays) after you receive this notice. Please note that even if you object to your child being prescribed this type of medication, the Juvenile Court may decide to allow the administration of the medication based on all of the information received by the Court.

If you feel that you need more information before you can agree or oppose the request to prescribe this type of medication for your child, state that on the Opposition form and send it to the Juvenile Court address listed below.

Please include any other information you think the Juvenile Court should know about your child.

The Opposition form can be returned to:

Alfred J. McCourtney Juvenile Justice Center
Department 426
1040 West Avenue J
Lancaster, CA 93534

If you have any further questions regarding the request to administer psychotropic medication for your child, you may contact your attorney or your child's social worker.

« SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES »

Psychotropic Medication Authorization Form LOG #_____

For Court Use Only

THIS FORM MUST BE FAXED TO THE PROPER LOCATION BELOW TO OBTAIN COURT AUTHORIZATION PRIOR TO THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION, ABSENT AN EMERGENCY.

DEPENDENCY: FAX: **(562) 941-7205**

DELINQUENCY: FAX: **(323) 441-1110** OR **(323) 441-1120**

A. IDENTIFYING INFORMATION Please include this form with discharge packet!

Child's Name (Last, First, MI)	D.O.B.	Sex	Ethnicity	Ct. Dept.	Court Case No.

Child's Current Placement Name and Address	Phone / Fax	Plcmt. Contact Person

Placement Type: ☐ Relative ☐ Foster Home ☐ Group Home

Facility: ☐ B.J. Nidorf Juv. Hall ☐ Central Juv. Hall ☐ Los Padrinos Juv. Hall ☐ Probation Camp ☐ Dorothy Kirby Center ☐ State Hospital ☐ Developmental Center ☐ County Jail ☐ Other_____

☐ Acute Hospital Name: / Address:	Phone / Fax	Hosp. Contact Person

CSW/DPO: Name:_____ Region/Office: _____ Phone: _____

Name of Prescribing Physician (print) _____ License No. _____

Specialty: ☐ Gen./Family Practice ☐ Pediatrics ☐ Neuro. ☐ Child/Adolesc.Psychiatry ☐ Gen.Psych. ☐ Other:_____

Address:

Office Phone: _____ Emergency Phone: _____ Fax: _____

SECTIONS B & C ON PAGES 1 & 2 MUST BE PERSONALLY COMPLETED AND SIGNED BY THE PRESCRIBING PHYSICIAN.

B. CLINICAL INFORMATION

B1. Date child last seen by physician: _____ Who brought child/what is relationship? _____

B2. Information about child from: ☐ child-☐ caregiver-☐ teacher-☐ records-☐ other_____ Present illness duration: _____

B3. Diagnosis: (DSM IV Dx & Codes required) _____

_____

B4. Current therapeutic services other than medication (specify type, frequency, location): _____

_____

_____

B5. Last Physical Exam (Minor must have had physical exam during the 12 months prior to starting psychotropic medication and then yearly.)

Date of PE: _____ Location of PE records: _____

Current Height: _____ Weight: _____ Date Measured: _____

Significant Medical Problems or Lab Test, BP or Pulse Abnormalities: ☐ No ☐ Yes

Non-psychotropic prescribed medications taken regularly: ☐ No ☐ Yes

} If Yes, describe below or attach information.

B6. Indicate relevant **laboratory tests** performed or ordered. ☐ No lab work done/ordered

☐ CBC ☐ UA ☐ Liver Function ☐ Thyroid Function ☐ Kidney Function ☐ Glucose ☐ Lipid Panel ☐ Electrolytes ☐ EKG

☐ Medication Blood Level (specify): _____ ☐ Other: _____

B7. Current Psychotropic medication request is: ☐ **Continuation of Rx Only** ☐ **Non-emergency** ☐ **Emergency**

Nature and circumstances of emergency must be specified here to allow for temporary administration pending judicial order:
(Administration of Continued medication or Emergency medication may proceed immediately upon submission of form.)

_____

_____

Child's Name (Last, First, MI) _____ LOG # _____

C. MEDICATIONS **(List all psychotropic medications now being taken or to be taken when authorized or being discontinued.)**

Mark them [N]ew-[C]ontinued-[D]iscontinued (**with respect to the child not the prescribing physician**) (Use additional sheet if needed.)

Indicate if **cross titrating medications.** If use of a medication is to be **short-term (less than 6 months)**, specify time frame.

C1. NAME OF MEDICATION(S) AND TARGET SYMPTOMS FOR EACH	N or C or D	ADMINISTRATION SCHEDULE • Indicate Initial and Target Schedules for New Rx • Indicate Current Schedule for Continued Rx • Indicate mg/dose and # of doses/day • If PRN, specify conditions & parameters of use	MAXIMUM TOTAL DOSE/DAY
Med: Targets:			
Med: Targets:			
Med: Targets:			
Med: Targets:			
Med: Targets:			
Med: Targets:			

C2. Indicate **response** to ongoing Rx treatment and reasons for any Rx changes (with respect to target symptoms &/or adverse effects):

_____

_____

_____

C3. Prior medications: _____

C4. **(Completion of C4 a. or b. is required.)** **(Complete C5 and/or C6 if they are applicable.)**

a. ☐ Child has been informed of the proposed medication treatment, anticipated benefits and potential adverse effects.

Child is ☐ agreeable to ☐ opposed to the proposed treatment. (Child's own written statement may be attached.)

b. ☐ Child has not been informed because the child is too young and/or lacks the capacity to understand the treatment or provide a response.

C5. ☐ Child's current Foster Parent or Relative Caretaker has been informed of the proposed medication treatment, anticipated benefits and potential adverse effects.

Foster parent or Relative Caretaker is ☐ agreeable to ☐ opposed to the proposed treatment (Use additional sheet if needed.)

C6. ☐ Child's Parent or Legal Guardian (circle one) will not or cannot consent to the proposed treatment.

Additional explanation (Use additional sheet if needed.): _____

_____

I hereby declare that all the foregoing is true to the best of my knowledge.	**Prescribing Physician's Signature**	**Date**

Child's Name (Last, First, MI) _____ LOG # _____

D. NOTICE

- Parent/Guardian Notice sent on: _____ Notifying Agency: ☐ Probation ☐ DCFS
  Date

  By: _____ _____
  Print Name Sign

  If not sent, reason: _____

- Child's Attorney Notice sent by Court on: _____
  Date

  By: _____ _____
  Print Name Sign

  If not sent, reason: _____

E. JCMHS REVIEW

☐ This form has been reviewed by staff of Juvenile Court Mental Health Services. This review is intended to give the court general information regarding the appropriateness of the psychotropic medication treatment for which authorization is requested given the clinical information indicated on the form (age, diagnosis, symptoms, etc.).

See attached JCMHS review page for further information.

F. COURT ORDER (to be completed by the court)

Court having read and considered the above request:

- ☐ The matter is set for a hearing within five court days on (date): _____ at (time): _____ in department: ____
- The application for authorization to administer psychotropic medication is
  - a) ☐ Granted as requested
  - b) ☐ Denied (specify reason for denial):
  - c) ☐ Granted with the following modifications or conditions (specify):

- This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the prescribing physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. Except in an emergency situation, an increase in the dosage beyond the approved maximum daily dosage or a change in or the addition of other medications requires the treating physician to submit a new application. A change in the child's placement does not require a new order for psychotropic medication, and this authorization, if it is still in effect, must accompany the child if placement is changed.

- Notice Requirements
  - a) ☐ The notice requirements have been met.
  - b) ☐ The notice requirements have NOT been met. Proper notice was not given to: _____

Date: _____ _____ _____
Print Name Sign

Judicial Officer of the Juvenile Court

A. *Mental Health*

1. The Board should issue a clear mandate that non-pharmacological interventions are best practice with children wherever feasible. The Board should work with the Juvenile Court to fully implement and measure compliance with this mandate.
2. As part of performance-based contracting, mental health treatments for teens and transitioning youth must incorporate trauma-focused assessments and treatments, developmental status, ethnicity, sexual identify, and vulnerability to self-harming behaviors.
3. Children age five and under in the child welfare system must have access to age appropriate mental health services.

NON-PHARMACOLOGICAL INTERVENTIONS

Providing non-pharmacological interventions for children whenever feasible is clearly desirable. This recommendation can be implemented using the Los Angeles County dependency courts program that is designed to review the appropriateness of prescribed medications for detained children and to examine whether prescribing practitioners have attempted psychosocial interventions prior to or concurrent with the introduction of psychopharmacological approaches. More specifically, the Juvenile Court Mental Health Services (JCMHS) is a multidisciplinary team, based primarily at Edmund D. Edelman Children's Court that provides consultation to the various dependency courts on mental health issues. Each year JCMHS reviews over 10,000 psychotropic medication authorizations (PMA), requests; which are required when practitioners wish to treat youth in State custody with psychotropic medication(s). Each form is reviewed by a child and adolescent psychiatrist and a pharmacist. Subsequently, a recommendation is made to the Court as to whether or not consent to administer the medication(s) should be granted. Recommendations are based on the reviewers' extensive clinical experience, as well as various prescribing parameters. JCMHS also provides consultation to judicial officers and dependency attorneys regarding mental health treatment and psychotropic medication regimens available to dependency youth.

In May 2013, in order to better standardize and guide recommendations made to the Court related to the appropriateness of psychotropic medication regimens for dependency youth, JCMHS implemented the aforementioned "Parameters For Juvenile Court Mental Health Services' (JCMHS') Review of Psychotropic Medication Authorization Forms (PMAFs) For Youth In State Custody." PMA requests that do not comport with these parameters result in an automatic referral to a JCMHS child & adolescent psychiatrist (who work in collaboration with a JCMHS social worker or psychiatric nurse) for assessment regarding the appropriateness of the proposed psychotropic medication regimen. This assessment includes additional record review, contact with treatment providers and/or foster parents, and a face-to-face evaluation of the child at home, school, or both. In order to complete these consultations in a timely fashion, JCMHS has added 1.5 FTE of child & adolescent psychiatrists. At the conclusion of the assessment process, JCMHS provides a written report to the court outlining recommendations for non-pharmacological interventions and, if appropriate, specific medication recommendations.

Current Initiatives

A. **Information Sharing** - Projects are ongoing to improve and systematize the way DCFS, DMH (via JCMHS), DHS, and the Court communicate and exchange/access information related to the PMA process. These include:

   1) ***Development of a new, electronic JV-220(A)*** submission and review system which will improve:
      - The speed and accuracy with which DCFS submits important collateral information about the youth;
      - The rapidity with which JCMHS can review both the JV-220(A) and available collateral information and, subsequently, make a recommendation about the medication regimen's safety and efficacy;
      - The breadth of data upon which the Court bases its "medication-approval (or non-approval)" decisions;
      - The ability for DCFS, JCMHS, and the Court to review prescribing patterns on a systemic, facility-specific, or individual-prescriber level and to determine if non-pharmacological interventions were implemented prior to or in conjunction with psychotropic medication(s) being prescribed.

   2) Systematizing the manner by which DCFS submits ancillary information (both prior to and after the implementation of the new data system).
   3) Granting JCMHS staff access to the Child Welfare Services/Case Management System (CWS/CMS) state system so that they have access to more information/data regarding prior pharmacological and non-pharmacological interventions that have been implemented in youth.
   4) Improving the availability of youths' DCFS Health & Education Passport to community providers and the JCMHS staff.

B. **Improving Group Home Prescriber Qualifications** - Efforts are underway to help ensure that psychiatrists who treat DCFS youth have a minimum level of training, experience, and qualifications, although the exact level of certification that will be required has not yet been determined (e.g., certification in general psychiatry and/or child and adolescent psychiatry by the American Board of Psychiatry and Neurology). This will improve greatly the likelihood that foster youth who eventually are treated with psychotropic medications have been properly assessed and monitored, and have been treated or will be treated with appropriate non-pharmacological modalities.

MENTAL HEALTH ASSESSMENT AND TREATMENT OF TEENS AND TRANSITIONING YOUTH

DMH requires all providers to deliver comprehensive assessments of adolescents using protocols that incorporate State Medi-Cal requirements. Both DMH and State DHCS monitor providers' completion of assessments as a component of the State Medi-Cal Review and the DMH provider Medi-Cal recertification. Table 1 compares the extent to which these assessment protocols include developmental status, trauma focus, sexual identity and vulnerability to self-harming behavior. All assessments address trauma and vulnerability to self-harm. Both child/adolescent and juvenile justice child/adolescent assessments inquire about developmental status. However,

only the child/adolescent initial assessment addresses sexual identity from the developmental milestone perspective.

Table 1: Comparison of Three Mental Health Assessments by Various Components

COMPONENT	MENTAL HEALTH ASSESSMENT		
	Adult Initial (MH 532)	Child/Adolescent Initial (MH 533)	Juvenile Justice Child/Adolescent (676)
Age	18+	6-17	6-17
Ethnicity	✓	✓	✓
Developmental Status	Not specifically asked	✓	✓
Trauma-focused	✓	✓	✓
Sexual Identity	Not specifically asked	✓*	Not specifically asked
Vulnerability to Self-harm	✓	✓	✓

✓Indicates item is included in assessment
*Developmental milestones

In addition to these components, as a standard of clinical practice, all children and youth receiving services from DMH are assessed for the presence or risk of co-occurring substance use. These assessments are used to plan interventions delivered by multidisciplinary teams.

Current strategies for addressing issues of trauma, sexual identity and vulnerability to self-harming behaviors, and recommendations for future initiatives are as follows:

- **Trauma-Focused Treatments** - Through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) DMH workforce and providers have been trained to deliver an array of trauma-focused treatment interventions including Trauma-Focused Cognitive Behavioral Therapy; Seeking Safety and Crisis Oriented Recovery Services. All DMH providers of services to children and transition age youth are required to offer at least one Evidence-Based Practice (EBP) addressing trauma.

- **Sexual Identity** - The MHSA PEI stakeholder planning process recommended prioritizing services to Lesbian, Gay, Bisexual, and Transgender (LGBT) youth and young adults. During the past few years, DMH has implemented an outreach and psycho-education project to the provider community regarding serving LGBT TAY. DMH will enhance training opportunities that enable providers to effectively identify and address sexual identity issues among clients.

- **Self-Harming Behaviors** - DMH uses an array of tools and resources in our effort to better understand and reduce the risk of self-harming behaviors in adolescents and youth. Risk for self-harming behavior is assessed consistently throughout the course of treatment; especially when the individual is reported to be or observed to be demonstrating signs or symptoms of self-harming intent or behaviors. Additionally, DMH has a rigorous suicide prevention program which includes designated staff conducting training to the mental health provider community, faith communities, and non-mental health community-based organizations. DMH trained several hundred DCFS staff in suicide prevention during the last two fiscal years.

DMH has a draft policy regarding the use of standardized tools for assessing risk of self–harm and will ensure providers use such tools once identified.

CHILDREN ZERO TO FIVE YEARS OF AGE

As noted in the BRCCP Report, "children between zero and three continue to be the age group most likely to be maltreated . . . and more than half of newly detained children are under age five." The report further states that "it is crucial for the mental health system to continue to build capacity and strengthen competencies in the field of infant and early childhood mental health specifically for those infants and children in the child welfare system." DMH, in partnership with DCFS, other departments, and a large network of providers and partner agencies has clearly targeted an array of prevention and early intervention resources toward children birth to five who are in or at risk of entering the child welfare system.

- **Evidence-Based Practices** - High quality and age-appropriate mental health services include a number of Evidence-Based Practices (EBPs) that are focused on the needs of young children particularly those who have experienced trauma and/or are at risk for psychosocial, emotional, and behavioral problems related to abuse, neglect, and developmental delays. Comparative data for DCFS-involved children indicate that in FY 2012-13, almost 10,000 received treatments using an evidence-based or promising practice, compared to 9,000 in FY 2011-12. During this two-year period, over 5,000 children age birth to five received such services. Moreover, each year, the number of children under age five who are part of the "Katie A. Class" and have received mental health services has continued to increase (approximately 7,100 in FY 2011-12, and 7,860 in FY 2012-13). This includes increasingly larger numbers of infants and toddlers under age three.

- **Building Capacity: Birth to Five Training and Workforce Development** - DMH children's mental health providers have been trained in an array of EBPs appropriate for children under five. Nearly 200 legal entity provider sites are currently delivering such practices. Among the EBPs, Parent Child Interaction Therapy (PCIT) has been documented as an effective practice for reducing the incidence of low to moderately severe disruptive behavior problems which dramatically increase the risk of physical abuse of young children. First 5 LA awarded a five-year PCIT training grant to DMH and the UC Davis PCIT Training Center to form train mental health therapists to become certified in PCIT, increase the number and geographic diversity of qualified PCIT providers, and deliver PCIT services to eligible children two to five years old and their parents/caregivers. DMH has collaborated with DCFS to identify focal populations of children in or at risk of entering foster care as well as parenting teens and their children. Since the inception of the project in October 2012, the number of PCIT providers has significantly increased (up to 20 each year) and over 500 DCFS-involved children and their parents/caregivers have participated in PCIT.

In addition to administering programs designed to augment provider capacity to deliver best practices for young children, DMH sponsored recent meetings of the **ICARE Steering Committee (ISC)**, a subgroup of the Infancy, Childhood and Relationship Enrichment or ICARE Network. The ISC has been developing an **LA County Prenatal to Five Training and Leadership Consortium (TLC)**. The Consortium is focused on achieving the following goals:

- **Augment "pathways" and enhance opportunities for mental health providers to become Infant-Family and Early Childhood Mental Health (IECMH) specialists** (including meeting the "endorsement" process requirements). DMH has contracted with USC University Center for Excellence in Developmental Disabilities Children's Hospital Los Angeles (UCEDD-CHLA) to implement a *Birth to Five Core Training Series* that will ultimately

enable 1,000 participants to receive training in Birth to Five core competencies. UCEDD-CHLA will further provide reflective facilitation training for over thirty clinical supervisors.

- **Establish an LA County Transdisciplinary Leadership Consortium that promotes capacity building in support of comprehensive systems of care** within local Service Areas, Best Start LA communities, and "Health Neighborhoods" through cross-training for representatives from the early care and education, mental health, health care, developmental disability, and child welfare systems that can be supported through multiple funding streams.

ACTION ITEMS FOR MENTAL HEALTH

1. Improve information sharing by developing a new electronic format to submit and review information related to the PMA process.
2. Provide JCMHS staff access to the CWS/CMS system to view more information regarding prior pharmacological and non-pharmacological interventions provided.
3. Determine the range of services and supports for the LGBT TAY population.
4. Select a set of standardized tools to accompany mental health assessment forms to determine vulnerability of youth to self-harming behaviors.
5. Administer programs designed to enhance provider capacity to deliver best practices for young children.